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## UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 CFR 1.53(b))

Attorney Docket No.	MORPH1160
Client Matter Number	2102206-165379
First Inventor or Application Identifier:	V. Alves et al.
Title:	Method and Apparatus for Executing a Cryptographic Algorithm Using a Reconfigurable Datapath Array
Express Mail Label No.:	EL617044404US
<b>Application Elements</b> (See MPEP chapter 600 concerning utility patent application contents)	
ADDRESS TO: Assistant Commissioner For Patents BOX PATENT APPLICATION Washington, D.C. 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, & duplicate for fee processing) 2. <input checked="" type="checkbox"/> Applicant claims small entity status 3. <input checked="" type="checkbox"/> Specification [Total Pages <u>19</u> ] (preferred arrangement set forth below) <ul style="list-style-type: none"> <li>• Descriptive title of the Invention</li> <li>• Cross References to Related Applications</li> <li>• Statement Regarding Fed sponsored R&amp;D</li> <li>• Background of the Invention</li> <li>• Brief Summary of the Invention</li> <li>• Brief Description of the Drawings (if filed)</li> <li>• Detailed Description</li> <li>• Claim(s)</li> <li>• Abstract of the Disclosure</li> </ul> 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total sheets <u>5</u> ] 5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages <u>3</u> ] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) i. <input type="checkbox"/> Deletion of Inventor(s) Signed statement attached in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table, or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies <b>ACCOMPANYING APPLICATION PARTS</b> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power Of Attorney (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS/PTO 1449) Citations 13. <input type="checkbox"/> Preliminary Amendment (____ pgs.) 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input checked="" type="checkbox"/> Express Mail Certification 17. <input type="checkbox"/> Request And Certification under 35 USC 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent 18. <input checked="" type="checkbox"/> OTHER: Check # <u>481598</u> (\$ 544.00)
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-In-Part of prior application no.: ____ / ____ Prior application information: Examiner: _____ Group/Art Unit: _____	
<b>18. CORRESPONDENCE ADDRESS</b>	
<input checked="" type="checkbox"/> Customer Number (25548) Or Bar Code Label OR <input checked="" type="checkbox"/> Correspondence Address Below	
NAME	ATTN: Terrance A. Meador <b>GRAY CARY WARE &amp; FREIDENRICH</b>
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Name (print/type)	James P. Cleary
Registration No.: (Attorney/Agent)	45,843
Signature	Date 25 June 2001

06/25/01  
 Jc962 U.S. PTO

Jc903 U.S. PTO  
 09/88838  
 06/25/01

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## FEE TRANSMITTAL

Attorney Docket No.	MORPH1160
First Named Inventor:	V. Alves et al.
Application Number	To be assigned
Filing Date:	Herewith
Examiner Name:	Unknown
Group/Art Unit:	Unknown

<b>TOTAL AMOUNT OF PAYMENT:</b>	<b>\$ 544.00</b>
<b>METHOD OF PAYMENT (check One)</b>	<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:</p> <p>Deposit Account No.: 07-1895 Deposit Account Name: GRAY CARY WARE &amp; FREIDENRICH</p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>

### 2. UTILITY Basic Filing Fee & Claims


(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$ 710.00	\$355.00	\$ 355.00
Total Claims	41 - 20 =	21	X \$ 18.00	X \$ 9.00	\$ 189.00
Independent Claims	3 - 3 =	0	X \$ 80.00	X \$ 40.00	\$ 0.00
Multiple Dependent Claim(s) (if applicable)			\$ 270.00	\$135.00	\$ 000.00
<b>Total of above Calculations =</b>					<b>\$ 544.00</b>

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 320.00	\$ 160.00	\$ 000.00
Reissue filing fee	\$ 710.00	\$ 355.00	\$ 0.00
Provisional filing fee	\$ 150.00	\$ 75.00	\$ 0.00
<b>Total of above Calculations =</b>			<b>\$</b>

### 3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>TOTAL:</b>			<b>\$</b>

Name (print/type)	James P. Cleary	Registration No.: (Attorney/Agent)	45,843
Signature		Date	25 June 2001

EL617044404US

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DATE OF DEPOSIT: June 25, 2001

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Mikhail Bayley

NAME

Mikhail Bayley

SIGNATURE

MORPH1160

Patent Application

2102206-165379